

Department of Human Services
Bureau of Children and Adult Licensing

Date: _____

Name of Lead Caregiver / (Date of assignment)		Age group or Assigned room	Education	# of Sem. Hours or CEU's in a child-related field	Hours of Experience	Date of Completion			
						First Aid	Infant, Child and Adult CPR	Blood Borne Pathogen	Infant/toddler dev.& care training (if applicable)
Authority:	1973 PA 116		Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.						
Completion:	Voluntary								
Consequence:	Failure to provide requested information may result in rule violation								

You may copy this form if you need additional sheets.